

PATENT APPLICATIONIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Yoshinaga et al.

Serial No.: 09/728,420

Group Art Unit No.: 1644

Filed: November 28, 2000

Examiner: Ouspenski, Ilia I.

For: Polypeptides Involved in Immune Response

Docket No.: A-579C

RESPONSE TO OFFICE ACTION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

A response to the Office Action dated October 1, 2004, is filed herewith, in which Claims 56-76, 79, 81, 82, 84 and 85 are rejected. Claim 83 is objected to, and Claims 77, 78, 80 and 83 are allowed. Reconsideration and withdrawal of the rejections are requested.

Amendment to the Claims begins on page 2 of this paper.

Remarks/Conclusion begin on page 8 of this paper.

EXPRESS MAIL CERTIFICATE

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Date of Deposit April 1, 2005

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Joyce Vogel

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Signature

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P. 02

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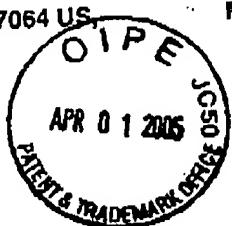
Applicants: Yoshinaga et al.  
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- Fee Authorization/Amendment Transmittal Letter (1 pg/1 original + 1 copy)
- Response to Office Action (12 pgs)

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ORIGIN (POSTAL USE ONLY)		
PO/ZIP Code <i>91320</i>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <i>4/1/05</i>	<i>6-4</i>	Postage <i>\$ 13.65</i>
Mo. Day Year <i>Mo. Day Year</i>	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Return Receipt Fee
Time In <i>5:43</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> End Day <input type="checkbox"/> 3rd Day
Weight <i>4.1 oz.</i>	Int'l Alpha Country Code <i>401</i>	COD Fee <input type="checkbox"/>
No Delivery <input type="checkbox"/> Watering <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>MW</i>	Total Postage & Fees <i>\$ 13.65</i>

METHOD OF PAYMENT:  
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Customer Copy Label M-F June 2002		
UNITED STATES POSTAL SERVICE® Post Office To Addressee		
DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
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